

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-10-0249-01 previously M4-09-B193-01
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondent Name and Box #:  DAVID K. HAGSTROM, M.D. PAIN MANAGEMENT SPECIALIST 4316 23 <sup>rd</sup> STREET LUBBOCK, TX 79410	Employer Name:	
	Insurance Carrier #:	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "Dr. Hagstrom charged me for my work comp medical records when he released me. To my knowledge work comp allows a .50¢ per page. He gave me 22 pages. And included a copy of the receipt charging 35 dollars."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$35.00
3. Itemized Statement
4. Medical Records

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: Response not received.

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
05/28/2009	Out-of-Pocket expenses – Medical Records	1, 2	\$35.00
<b>Total:</b>			\$35.00

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.120, titled *Reimbursement for Medical Documentation*, effective 05/02/06 set out the reimbursement guidelines.

1. The Respondent was faxed a copy of the Request for Medical Fee Dispute Resolution in accordance with 28 TAC Section 133.307(d). The transmission date of the request was 09/16/2009. According to 28 TAC Section 133.307(d)(1) the respondent has 14 days to respond to the dispute; as of October 22, 2009 a response has not been received by the Division.

2. The dispute filed by the injured worker was incorrectly docketed and named the carrier as the respondent. In accordance with 28 TAC Section 134.120(c) the health care provider shall provide the injured employee, or the injured employee's representative, an initial copy of the medical documentation without charge. According to the dispute filed by the injured worker, payment for medical records was made to Dr. David Hagstrom by the injured worker in the amount of \$35.00, as reflected by the receipt submitted with the request for medical fee dispute resolution.
3. Therefore, for the above reason reimbursement in the amount of \$35.00 is recommended.

#### **PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311  
28 Texas Administrative Code Section. 134.1, 134.120, 133.307, 133.270  
Texas Government Code, Chapter 2001, Subchapter G

#### **PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of **\$35.00** plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

#### **DECISION:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Auditor III  
Medical Fee Dispute Resolution

\_\_\_\_\_  
November 2, 2009  
Date

#### **PART VIII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**